	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf Department of Health and Human Services Division of Public Health John M. Peebles 919,715.6737 John, peebles@dhhs.nc.gov	Instructions at http://www.osbm.state.nc.us/files/gdf_files/grants_instr.pdf Department of Health and Human Services Division of Public Health John M. Peebles 319.715.6737 iohn.peebles@dhhs.nc.gov	
	john.peebles@dhhs.nc.gov Centers for Disease Control and Prevention (CDC)		
CFDA number. 93.94 Grant title Addre (PCSI	93.94 Addressing Syndemics Through Program Collaboration and Service Integration (PCSI)	tion and Service Integration	
9 Grant application deadline (MM/DD/YY)	06/15/10 09/30/10 09/29/11 New		
•	No No		
18 If yes, what is the source of state funds being used to match grant funds			
21 Is an additional General Fund appropriation required to meet the state match requirement?			
· · · · · · · · · · · · · · · · · · ·	local govi Yes		
25 If yes, is this a requirement of the grant?	5		
	For Complete either A	For 2009-10 Complete either Authorized or Proposed	
	SFY 2008-09 SFY 2009-10 Actual Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27 If yes, give the number by type for each year: Permanent			2.000
Time-Limited 28 Amount of grants funds applied for in each year			\$300,000.00 \$264,000.00
	The purpose of this program is to plan, scale-up, and support the implementation of a syndemic approach to the prevention of HIV/AIDS, viral hepatitis, STD's and TB through Program Collaboration and Service Integration (PCSI) activities as described in the recently published NCHHSTP's white paper "Enhancing the Prevention and Control of HIV/AIDS, viral hepatitis, STDs, and TB in the United States".	upport the implementation of a sync (PCSI) activities as described in the e United States".	emic approach to the prevent

31 Comments	30 Purpose of grant or amendment	29 Amount of grants funds awarded in each year	28 Amount of grants funds applied for in each year		27 If yes, give the number by type for each year: Permanent				26 Are new FTEs funded through the grant?	25 If yes, is this a requirement of the grant?	24 VIII additional state monies be required to continue the program if grant expires or is reduced?	23 If yes, identify affected entities by type	ments or non-state entities?	22 Will any of these funds be passed through to local govern-	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 If yes, what is the MOE?	9 Is there a maintenance of effort (MOE) requirement?	18 If yes, what is the source of state funds being used to match grant funds.	17 If yes, what is the matching requirement?	S	5 Fund code (XXXX or NA)	4 Budget code the grant will be expended in (XXXXX)	3 Is this grant already in agency's continuation budget?	2 Application type	U Start date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)		8 Grant title	7 CFDA number	6 Funding Entity (grantor)	5 E-mail	4 Phone number	3 Contact person (name)	DHHS only, choose division from drop down list	1 Department	
Positions requested inloude a Public Health Nurse Consultant, a Public Health Epidemiologist	The purpose of this Affordable Care Act funding through the ELC is to enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local public health departments.			ited		Actual	SFY 2009-10		Yes	No	T es			No	No		No			No	1461	14430	No	New	07/31/11	08/27/10	Information Systems Capacity in State and Local Health Departments - ACA	ELC - Building and Strengthening Epidemiology, Laboratory and Health	93.521	CDC	john.peebles@dhhs.nc.gov	919.715.6737	John Peebles	Division of Public Health	Department of Health and Human Services	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
ublic Health Nurse Consultant	are Act funding through the Eogy, laboratory, and health in					Authorized	SFY 2010-11	Complete either Authorized or Proposed	For 2010-11																		in State and Local Health D	ing Epidemiology, Laborato			V				Services	ate.nc.us/files/pdf_files/grant
, a Public Health Epidemiold	LC is to enhance public heaformation systems capacity	\$334,705.00	\$285,380.00		3,000	Proposed	SFY 2010-11	zed or Proposed							<u>uca va a con</u>												epartments - ACA	ory and Health		ulosv-1						s_instr.pdf
ogist II and a Business and T	alth programs to improve hear in state and local public hear	\$37,189.00	\$285,379.00			Proposed	SFY 2011-12																													
II and a Business and Technology Applications Specialist. These positions	alth and help restrain the rat Ith departments.					Proposed	SFY 2012-13																													
cialist. These positions	e of growth of health care					Proposed	SFY 2013-14																													

Office of State	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	7603-8005, 919-807-4700.	9-10		
Department	Department of Health and Human Services	an Services	5 H 360 - DOI			
2 Division (except in DHHS)						
DHHS only, choose division from drop down list	Division of Public Health					
ွင	Ruth Petersen, MD, MPH					
	919-707-5203					
5 E-mail	ruth.petersen@dhhs.nc.gov	20V				
6 Funding Entity (grantor)	The Centers for Disease Colling and Frevention (CDC)					
7 CFDA number	93.724					
8 Grant title	Communties Putting Prevention to Work	ion to Work				
O Grant application deadline (MM/DD/YY)	12/01/09					
10 Start date of grant (MM/DD/YY)	09/30/10					
10 Care date of grant (MM/DD/YY)	09/29/12					
≥	New					
in agency	No					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	TBD					
S	N 0					
17 If yes, what is the matching requirement?						
to match grant funds						
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?						
On Williams of those funds he passed through to local govern-	≺ Dn			•		
22 Will any of these funds be passed through to local govern- ments or non-state entities?	T G S					
23 If yes, identify affected entities by type	local govt					
>	N _O					
program if grant expires or is reduced?						
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
		For 2009-10	10 red or Proposed			
		Coulding direct Jonna States of Tobosco	SEX 2000 10	SEC 2010 11	SEV 2011-12	SEV 2012-13
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	Depond	Dranged
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year. Permanent						
Time-Limited	nited		94 000 454 00	es 767 435 00	#2 963 073 00	
28 Amount of grants funds applied for in each year			\$1,903,151.00	\$5,767,125.00	\$3,863,973.00	
29 Amount of grants funds awarded in each year				\$1,387,500.00	\$1,850,000.00	\$462,500.00
30 Purpose of grant or amendment	To implement evidence-based	To implement evidence-based clinical and community-based prevention and wellness strategies that support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural) to achieve the following prevention outcomes: increased levels of physical activity, improved nutrition; decreased	prevention and wellness stra	ategies that support intensive of outcomes; increased levels o	community approaches to ch	ronic disease prevention nutrition; decreased
	overweight/obesity prevalence	overweight/obesity prevalence; decreased smoking prevalence and decreased teen smoking	e and decreased teen smok	ing initiation; and decreased o	initiation; and decreased exposure to secondhand smoke.	oke.
31 Comments	AFFORDABLE CARE ACT (A	AFFORDABLE CARE ACT (ACA) The award will be for the entire 2-year grant period that ends in September 29, 2012, and no continuation application will be required	entire 2-year grant period the	at ends in September 29, 2017	2 , and no continuation applic	cation will be required

MOUTICATION OF Application for Grafit Fullus/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf Department of Health and Human Services
7603-8005, 919-807-4700.

Department of Health and Human Services Division of Central Management and Support	Department of Health and Human Services Division of Central Management and Support Sabrena Lea Septema Lea Space Septema Lea Spa	partment of Health and Human Services Island of Central Management and Support Bernal Lea Bernal Lea Bernal Lea Golffo G
s through ADRC local partners Tor 2010-11 Froposed 1.000 SEY 2010-11 Proposed 1.000 \$224,907.00 \$196,321.00 \$196,	s through ADRC local partners s through ADRC local partners recording of Proposed Proposed Proposed Proposed Proposed Proposed Proposed Proposed 1.000 SFY 2011-12 Proposed Proposed S224,907.00 S29,876.00 \$196,321.00 S261,761.00 set to develop and implement six core competencies of options count preferences; understanding public and private sector resources; dengtor the future; following up with consumers to ensure that the level partners	s through ADRC local partners
	Proposed 2.000 \$299,876.00 \$291,761.00 spetencies of options coun mortivate sector resources; demers to ensure that the leve	SFY 2011-12 SFY 2012-13 Proposed Proposed 2.000 2.000 2.000 2.000 3299,876.00 3299,876.00 3261,761.00 3261,761.00 356,418.00 365,418.00

Notification of Application for Grant Funds/Awards, 2009-10 Office of State Budget and Management. 116 West Jones Street Raleigh NC 27603-8005, 919-807-4700

	Instructions at http://www.osbm.state.nc.us/files/bdf_files/grants_instructions of the solutions at http://www.osbm.state.nc.us/files/bdf_files/grants_instructions		les/grants instrupti			
1 Department	Department of Health and Human Services	an Services				
Ď.	Division of Public Health					
3 Contact person (name)	Marshall Tyson					
	919-707-5640					
5 E-mail	marshall.tyson@dhhs.nc.gov Health Resources and Services Administration	s. Administration				
	93.505					
	Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program	aternal, Infant and Early Chi	Idhood Home Visiting			
9 Grant application deadline (MM/DD/YY)	07/09/10					
10 Start date of grant (MM/DD/YY)	07/15/10					
11 End date of grant (MM/DD/YY)	09/30/15					
12 Application type	New					-
13 Is this grant already in agency's continuation budget?	No					
Œ	14430					
15 Fund code (XXXX of NA)	No 1					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds.						
19 Is there a maintenance of effort (MOE) requirement?	Yes					
20 If yes, what is the MOE?	\$400,561.00					
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local govern-	Yes					
23 If yes, identify affected entities by type	local govt AND private non-profit	ofit				
<	Yes					
ō	No					
25 If yes, is this a requirement of the grant?	Yes					
26 Are new FIEs funded through the grant?	Tes	- Ear song				
		Complete either Authorized or Proposed	ized or Proposed			
	SFY 2008-09	SFY 2009-10	0	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limit	te 3.000					
28 Amount of grants funds applied for in each year				\$2,134,807.00	-	
29 Amount of grants funds awarded in each year				\$2,134,807.00		
30 Purpose of grant or amendment	The funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs.	ure effective coordination and families through home visiting	delivery of critical health, de programs.	velopment, early learning, chil	d abuse and neglect preventi	ion, and family support
31 Comments	Funds made available to a State in FY 2010 shall be available for a 27-month budget and project period for expenditure by that State through the end of Federal FY 2012.	ate in FY 2010 shall be availab	le for a 27-month budget and	d project period for expenditur	e by that State through the e	nd of Federal FY 2012.

Department DHHS) DHHS only, choose division from dro)	Of Application for Graudget and Management, 116 West Jones Str. Instructions at http://www.osbm.state.nc.us// Department of Health and Human Services Division of Public Health	Notification of Application for Grant Funds/Awards, 2009-10 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/grants_instr.pdf Department of Health and Human Services Division of Public Health Alvina Long Valentin	1S/AWards, 201 27603-8005, 919-807-4700 ants_instr.pdf	09-10	
4 Phone number	919-707-5708 alvina.long@dhhs.nc.gov U.S. Department of Health and I	919-707-5708 alvina.long@dhhs.nc.gov U.S. Department of Health and Human Services Office of Adolescent Health	dolescent Health		
7 CFDA number	93.5 Support for Pregnant and F	93.5 Support for Pregnant and Parenting Teens and Women			
9 Grant application deadline (MM/DD/YY)	08/02/10 09/01/10 08/31/11 New				
1.2 Application type	No 14430 1511 No				
18 If yes, what is the source of state funds being used to match grant funds	No				
21 Is an additional General Fund appropriation required to meet the state match requirement?	No Yes		,		
23 If yes, identify affected entities by type	local govt AND private non-profit	orofit			
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No				
	SFY 2008-09	For 2009-10 Complete either Authorized or Proposed SFY 2009-10 SFY 2009-1 Authorized Proposed	9-10 orized or Proposed SFY 2009-10 Proposed	SFY 2010-11 Proposed	
27 If yes, give the number by type for each year: Permanent Time-Limited			-	1.000	
I'me-Limi 28 Amount of grants funds <u>applied for</u> in each year	Ted Ted			\$1,473,333.00	
29 Amount of grants funds <u>awarded</u> in each year	This grant is designed to prohighest rates of infant mortal process will be utilized to se based/informed intervention.	This grant is designed to provide support for pregnant teens and women. A comprehensive needs assessment will be completed to determine which counties have the highest rates of infant mortality, unintended pregnancy, school dropout, child abuse and neglect, along with wait time for childcare assistance. A request for applications process will be utilized to select four of these communities/counties in enhancing existing systems of care and services while also implementing new evidenced-based/informed interventions. The services will include strengthening the linkages betweenprograms providing services to pregnant teens and mothers ages 13-24 years	is and women. A comprehent tool dropout, child abuse and counties in enhancing existing enginening the linkages between the counties of the co	sive needs assessment will be completed to determine which counties have the needs assessment will be completed to determine which counties have the needed, along with wait time for childcare assistance. A request for applications gystems of care and services while also implementing new evidenced-serprograms providing services to pregnant teens and mothers ages 13-24 year	
31 Comments	will also include enhancing t Managing this grant will requ	will also include enhancing transportation, childcare, and other support services for families. Managing this grant will require a Public Health Program Consultant II position, SG72.	onsultant II position, SG72.	les.	

Notification (Notification of Application for Grant Funds/Awards, 2010-11
	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
	Instructions at http://www.osbm.state.nc.us/files/gdf_files/grants_instr.pdf
nent	Department of Health and Human Services
1 (except in DHHS)	

Office of State Bu	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 2/603-8005, 919-80/-4/00 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	st Jones Street, Raleign, NC z tate nc us/files/pdf_files/grant	/603-8005, 919-80/-4/00. s_instr.pdf			
1 Department	Department of Health and Human Services	n Services				en un femanois-se en en que de francés a réasiant es areas de des des des des contractes de competentes en en
Division (except in DH						
	John M. Peebles					
4 Phone number	919.715.6737					
5 E-mail 6 Funding Entity (grantor)	john.peebles@dhhs.nc.gov HRSA	V	-			
	93.917					
8 Grant title	ADAP Administrative Supplement	ent				
9 Grant application deadline (MM/DD/YY)	07/26/10					
	08/01/10					
11 End date of grant (MM/DD/YY)	07/31/11					-
≥	Revision					
13 Is this grant already in agency's continuation budget?	Yes					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	1461					
16 Is there a state matching requirement?	No					
18 If yes, what is the source of state funds being used to match grant funds.			-			
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local governments or non-state entitles?	No					-
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
≥	No					
		For 2010-11 Complete either Authorized or Proposed	zed or Proposed			
	SFY 2009-10	SFY 2010-11		SFY 2011-12	SFY 2012-13	SFY 2013-14
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limited	ed					
28 Amount of grants funds applied for in each year			\$500,000.00	\$500,000.00		
29 Amount of grants funds awarded in each year			\$2,055,553.00	\$186,868.00		
30 Purpose of grant or amendment	To help improve access to life-saving HIV/AIDS medications.	aving HIV/AIDS medications.				
31 Comments	Note that no specific dollar amount was actually requested from HRSA. Rather, HRSA has asked for details about NC's current ADAP situation from which they will	unt was actually requested fro	m HRSA. Rather, HRSA h	as asked for details about NC	s current ADAP situation for	from which they will
	determine what share of the \$25 million that are available will be allocated to NC. The \$1,000,000 tellegred of the \$25 million that are available will be allocated to NC.	b million that are available will	be allocated to NC. The a	r, ood, ood reflected of fow 5c	above is simply all estima	i d

18 16 Is there a state matching requirement?17 If yes, what is the matching requiremen 15 4 13 Is this grant already in agency's continuation budget? 12 10 28 Amount of grants funds <u>applied for</u> in each year 29 Amount of grants funds <u>awarded</u> in each year ... 30 Purpose of grant or amendment 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement?.....
20 If yes, what is the MOE?..... 27 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant? 24 Will additional state monies be required to continue the 31 Comments 2 Division (except in DHHS) 7 CFDA number Department Budget code the grant will be expended in (XXXXX)..... Application type Start date of grant (MM/DD/YY) Grant application deadline (MM/DD/YY) Grant title ... Funding Entity (grantor) Contact person (name) program if grant expires or is reduced? the state match requirement? ments or non-state entities? If yes, is this a requirement of the grant? E-mail DHHS only, choose division from drop down list...... If yes, identify affected entities by type. If yes, what is the source of state funds being used Fund code (XXXX or NA) End date of grant (MM/DD/YY) Phone number If yes, what is the matching requirement? If yes, give the number by type for each year: to match grant funds. Notification of Application for Grant Funds/Awards, 2009-10 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Permanent Time-Limited Department of Health and Human Services Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf Medicare Improvements for Patients and Providers Act for Beneficiary Outreach gary.cyrus@dhhs.nc.gov
Centers for Medicare and Medicaid Services and the Administration on Aging Ö Yes and Assistance Gary Cyrus DAAS is developing this non-competitive grant with the Seniors Health Insurance Inforamtion Program (SHIIP), NC Department of Insurance. In addition to the funding to be awarded to DHHS, SHIIP will receive a separate award of \$731,241 for the 2 year grant period. While the awards are separate, SHIIP and DHHS will develop a single grant proposal to be submitted through SHIIP. DAAS is awarded \$701,661 and the Office of Long Term Services and Supports is receiving \$341,442 for a total of \$1,043,103. The funding applied for reflects first year funding for DAAS at \$350,830 and OTLS at \$188,950, for a first year total of \$539,780. Yes 14411 07/30/10 93.071 reach primarily rural beneficiaries with limited incomes and to assist them with applying for Medicare Savings Programs and Part D Low-Income Subsidy assistance This grant is a collaborative effort of the Administraton on Aging and the Centers for Medicare and Medicaid Services to demonstrate coordinated and targeted efforts to local govt 0/01/10 33-8390 ivision of Aging and Adult Services SFY 2008-09 Actual SFY 2009-10 Authorized Complete either Authorized or Proposed For 2009-10 SFY 2009-10 Proposed SFY 2010-11 Proposed \$397,184.00 \$404,850.00 SFY 2011-12 Proposed \$134,930.00 \$132,394.00 SFY 2012-13 Proposed

Instructions at http://www.pshm.state.no.us/files/not_files/grants_instruct	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	Notification of Application for Grant Funds/Awards, 2009-10	
	07-4700.	, 2009-10	

	The state of the s	The state of the s	100.00			
1 Department	Department of Health and Human Services	nan Services	1	ALIAN AND AND AND AND AND AND AND AND AND A		
Ŧ						
	Division of Aging and Adult Services	rvices				
Ω.	Gary Cyrus					
	733-8390					
	gary Cyrus@dhhs.nc.gov	V				
6 Funding Entity (grantor)	Adminsitration on Aging					
	03 0 0 0 0					
	Evidence-Rased Disease Prevention	wantion				
8 Grant title	EMBERCE-Based Presence	y ellingi.				
Q Grant application deadline (MM/DD/YY)	04/22/10					
10 Start date of grant (MM/DD/YY)	06/01/10					
To Carrotte of grant (MM/DD/YY)	05/31/11					
Clarity date of grant (mimbor 1)	Now					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
00	14411					
15 Fund code (XXXX of IVA)	1210					
S	Yes					
17 If yes, what is the matching requirement?	25% of total expenditures					
18 If yes, what is the source of state funds being used	General Fund					
to match grant funds						
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	N _O					
On Williams of those frieds he presend through to local govern-	Yes					
ments or non-state entities?	ď					
23 If yes, identify affected entities by type	local govt					
OA Will additional state manies he required to continue the	No.					
program if grant expires or is reduced?	Č					
25 If yes, is this a requirement of the grant?						
≥	No	-				
		For 2009-10				
		Complete etitiel Administed of Frobosed	SEX 2000 10	SEV 2010.11	SEV 2011-12	SEV 2012-13
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limited	ed					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year				\$74,690.00		
20 Director of grant or amendment	The purpose of the grant in North Carolina will be to sustain and leverage the success of the	orth Carolina will be to sustai	in and leverage the success of	of the Chronic Disease Self M	Chronic Disease Self Management Program (CDSMP) that has been funded	P) that has been funded
30 Purpose of grant or amendment	since 2007. The Division has recently been funded for an ARA CDSMP grant that will fund to through March, 2012. A major emphasis of the Evidenced-Based Disease Prevention grant will be to expand the A Matter of Balance and Fit and Strong! Programs through Centralina Area Agency on Aging in Anson, Cabarrus, Gaston, Iredell,	recently been funded for an A	ARRA CDSMP grant that will and Fit and Strong! Program	function through March, 2012 s through Centralina Area Ag	. A major emphasis of the E ency on Aging in Anson, Cal	videnced-Based Disease parrus, Gaston, Iredell,
	Lincoln, Mecklenburg, Rowan, Stanly and Union Counties. This will enhance the effectiveness of the CDSMP and will be accomplished through the development of master trainers and leaders/coaches for these programs. This grant will serve as a model for potential future expansion.	for these programs. This gra	This will enhance the effecti nt will serve as a model for p	veness of the CDSMP and will otential future expansion.	be accomplished through t	the development of master
31 Comments						
	-					

Office of State	Sudget and Management, 116 V	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	27603-8005, 919-807-4700.			
Donost month	Instructions at http://www.ospr	Instructions at http://www.osbm.state.nc.us/files/pdr_liles/grants_instr.pdr	nts_instr.par			
1 Department	Department of freath and fruital services	illali Selvices				
	Division of Public Health					
3 Contact person (name)	Douglas Campbell					
4 Phone number	707-5901					
5 E-mail	douglas.campbell@dhhs.nc.gov	is.nc.gov				
6 Funding Entity (grantor)	National Center for Environment Prevention	National Center for Environmental Health, Centers for Disease Control and Prevention	se Control and			
7 CFDA number	93.07					
8 Grant title	Developing Public Health C	Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change	educe Human Health			
	Effects of Climate Change					
9 Grant application deadline (MM/DD/YY)	04/19/10					
10 Start date of grant (MM/DD/YY)	09/30/10					
11 End date of grant (MM/DD/YY)	09/29/11					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	1471					
S	No					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used						
S	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	Z					
72 Will any of these funds be passed through to local govern-	No					
ments or non-state entities?	Č					
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the	Yes					
먹						
25 If yes, is this a requirement of the grant?	No.					
26 Are new FTEs funded through the grant?	Yes	F-22-2000				
		Complete either Authorized or Proposed	rized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent				1.000		
	ited					
28 Amount of grants funds applied for in each year				\$90,000.00	\$30,000.00	
29 Amount of grants funds awarded in each year				\$90,000.00	\$30,000.00	
30 Purpose of grant or amendment	This funding opportunity will	This funding opportunity will build the state's capacity to address the public health consequences of climate change and its implications on human health.	iress the public health conse	quences of climate change an	d its implications on human h	health .
31 Comments	Public Health Epidemiologist I					
	· · · · · · · · · · · · · · · · · · ·					